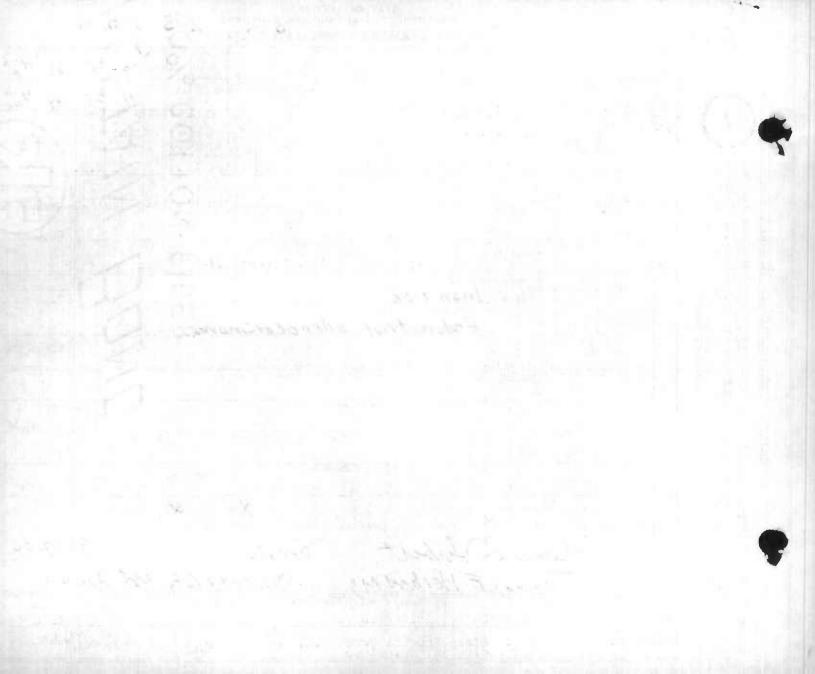
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR TYPE OR PRINTE 3 SEX IF UNDER 1 YEAR 1900 To BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH COUNTRY DIVORCED WIDOWED ID CITY OR TOWN OF DEATH OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUA 126 KIND OF BUSINESS OR Home MARYLAND 2120 JSUAL RESIDENCE 21723 13e STREET ADDRESS poksville Kt. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO DEUNKHOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY. Carcinoma of the endometrium, generalized 3 years IMMEDIATE CAUSE (a) PRESTON ST metastasis, cachexia, dehydration, renal Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause failure PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG DIVISION OF VITAL RECORDS, **IFICATION** 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [CERTI transit 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 Me 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OF TOWN COUNTY STATE NOT WHILE 22a.l certify that (1) (this hospital) attended the deceased from 1960 9-18-84 saw the deceased alive an_ and that in (my) (corr) apinian death accurred an the date and haur and fram the causes stated abave, (1) (and) (and) (did nat) view the bady after deot 22b. SIGNATURE DEGREE 22c. DATE SIGNED should be detained with the State E M.D. ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 9-19-84 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT, Howard E. Hall, M.D. P.A. PO Box 318 Sykesville, Md. 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE DHMH - 16 50M 1/81 (VRA 15. 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH TEGISTRAR REG NO MIDDLE DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-MARGARET В. DEATH MATED BOZICEVICH 2d. HOUR 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. SEX TE LINDER 24 HRS DATE LAST BIRTHDAY) 4:16 PRONOUNCED DEAD Female White Jan. 18,1923 61 Th CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Ohio U.S.A. Howard County WIDOWED T DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1/26 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Columbia 10202 Wesleigh Drive First Lt. U.S. Army USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Howard Maryland Columbia 10202 Wesleigh Drive NO [21046 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William FIRST Theodore Boys Edith В. Sapp 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR OATES) Yes WW2 299-16-3433 Joseph Bozicevich Same as # CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: HYGENE IMMEDIATE CAUSE (o) AND MENTAL HYGER DUE TO, OR AS A CONSEQUENCE OF TRANSIT adeno Car Gnoma Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) ED AS A E CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [] NO D 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 Inquiry 1 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Inspection Homicide death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial 10/1/84 Arlington National Arlington 24 FUNERAL DIRECTOR 25h, REGISTRAR'S SIGNATURE Grana Davidson-Randoll 25a. DATE REC'D. BY REGISTRAR Leroy M. & Russell C. Wrozke Funeral Homes P.A 5555 Twin Knolls Road, Columbia, Md. 21045 **DHMH-17** (VR A15 ME (5))

15M 2/80



(VRA 15, 4)

Harry H Witzke 4112 Columbia RD

STATE OF MARYLAND

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serial Johns Jahres Light by Johns

Harry H Mitske 4142 Colombia Ph Hillicott City

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCLENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 1915 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Howard County Mass. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Retail Columbia Howard County General Hosp. Retired store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1130. COUNTY 1130. CITY OR TOWN 3404 Rogers Ave., 113d. INSIDE CITY LIMITS? 13c CITY OR TOWN Ellicott City 21043 Maryland Howard 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME late Gertrude Elizabeth late Alfred Liebhardt ADDRESS 17 INFORMANT 16g: WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 217 09 5392 George M. Cullum 3404 Rogers Ave., Ellicott C 18 CAUSE OF DEATH (Enter only one cause per line (o), (b), and ic. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting OMAS A CONSEQUENCE OF underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTIFY MEDICAL EXAMINERS P.M 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a 1 certify that (1) Athis hospital (our) opinion death accurred on the date and hour and from the causes stated obovi DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN AN'S NAME 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

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Sept 8'84 Burial 24 FUNERAL DIRECTOR

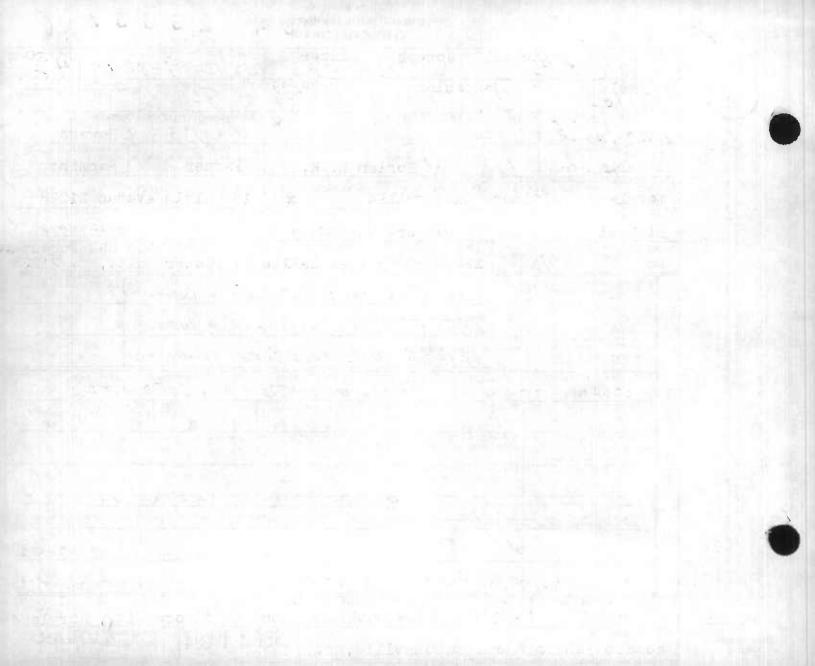
Harry H Witzke 4112 Columbia Rd Ellicott City

Good Shepherd

Ellicott City Maryland

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

and in the my properties



Kaufman Funeral Home 5695 Main St. Elkridge

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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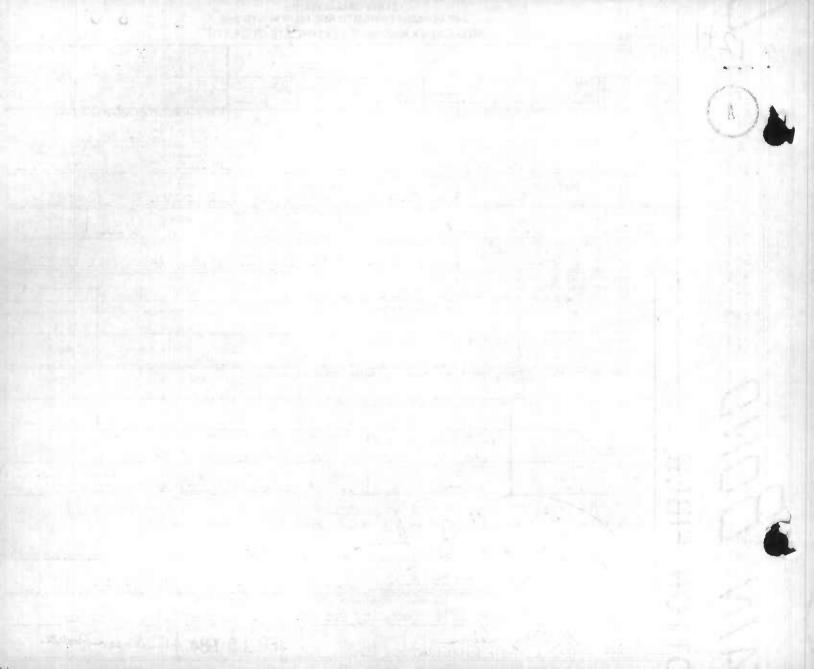
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH 26 HOUR TYPE OR PRINTS 10:36 4 RACE 3 SEX IF UNDER I YEAR IF UNDER 24 HR AONTHS DAYS HOURS 909 I STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED T 126. KIND OF BUSINESS OR 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 17 INFORMAN (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardiac Arrest, ASHD, Diabetes Mellitus, 5 vears IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis (generalized) Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 98 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 19609-18-84 22s. I certify that (I) (this harpital) attended the deceased from saw the deceased alive an. and that in (my) (aux) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did (did nat) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL M.D. 9-19-84 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Howard E. Hall, M.D., P.A. Sykesville, Md. 21784 PO Box 318 230 BURIAL, CREMATION, REMOVAL THE INAME OF CEMETERY OF CREMATORY 23b. DATE RAL DIRECTOR REC'D. BY REGISTR DHMH - 16 50M 1/81 (VRA 15. 4)

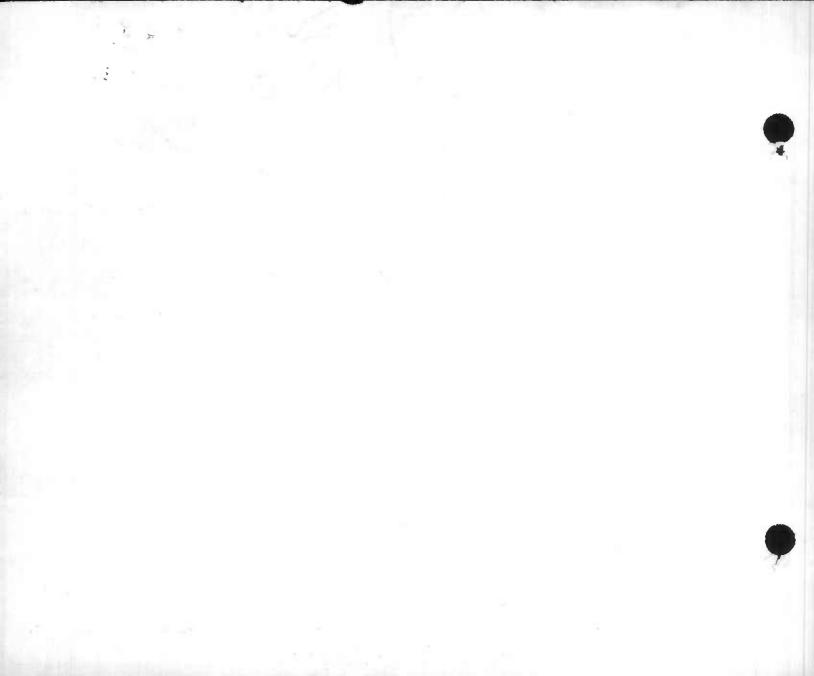
Temple Lines St. M. William Complete Asserted to the second of the the state of the s Line of the last state of the Salar Andre Strang Stranger William and the second of the second o Market Street Street All the water allowed in several than the state of the



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR VERNON A. EVANS REG. NO. 2a. DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR (TYPE OR PRINTI 7.3 Unos IF LINDER TYEAR IF LINDER 24 HPS 6. AGE (IN YEARS LAST BIRTHDAY) MONTH White 10 -206 TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ESTATE OR FOREIGN MARRIED NEVER MARRIED Maryland DIVORCED WIDOWED County 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Butcher olumbi USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 STATE 1136 COUNTY 1137 CITY OR TOWN 21043 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 8942 C Town & Country Blvd. Maryland NO [Most + Cit 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST ALIDDEE MIDDLE Carrie Albert Evans Mann ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! No 215-07-0320 Dorothy C. Evans Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (p), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? INCERTIFYING CAUSES OF DEATH? NOF YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING **71b. TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 71e. PLACE OF INJURY COUNTY CITY OF TOWN STATE STREET AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE AT WORK 720.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 725. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME OF THE DESERVE 22a ADDRESS 230 BURIAL, CREMATION, REMOVAL 11h BKTE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial Lake View Mem. Park Sykesville Carroll 24 FUNERAL DIRECTOR Leroy M. & Russell C. Witzke Francis Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

DHMH - T6 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH L DECEASED NAME LIYPE OR PRINTS 6. AGE (IN YEARS LAST BIRTHDAY) IF LINIDER 21 HRS 4 RACE DATE OF BIRTH YEAR BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED Co. DIVORCED T ID CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Columbia Laborer Farm USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION 13a. STATE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Carroll Mt. Airy Runkles Rd. (21771 NOX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Fogle Unknown Cynda 160' WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO .201 Waverley Dr. Gilbert N. Fogle, Jr., Frederick, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY spirator IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF DULMON ADL Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF Myoccudonath underlying couse COLONIAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [718. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this haspital) attended the deceased from and that my (our) opinion death occurred on the date and hour and from the causes stated above (lyfwe) (did) (did not) --- third DEGRES 22c DATE SIGNED 776 SIGNATURE ATTENDING & MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 'S NAME (TYPE OR PI 238. BURIAL, CREMATION, REMOVAL 736 DATE 23c NAME OF CEMETERY OR CREMATORY ISPECIEV Burial Dennings, Carroll, 9-7-1984 Sams Creek Church 24 FUNERAL DIRECTOR Julia Davidson-Randelle DHMH - 16 50M 4/83 Charles W. Burrier, Jr., Sykesville, Md. (VRA 15, 4)

Carried | Carrell Mrs. .ing | carrell boulevery a little aword and a little aword aword and a little aword and a little aword and a little aword aword and a little aword a little aword a little aword and a little aword and a little aword a l Alle de la company de la compa the Allowant and the Month and and and the form

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-6. AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD YRS O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED X DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Loggin Homemaker Ellicott Own Home Rd. USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY Tac. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 NO □9028 Dun Loggin Rd. 21043 Md. Howard Ellicot City YES 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST FIRST Woollen Weems Harry Agnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT **ADDRESS** DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-46-7849 Same as #13 Pamela Lummis APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) MINER ALONG W TRANSIT PERMIT. BETWEEN ONSET AND DEATH SED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD—
WAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USE
AFTER DEATH, WITH THE STATE DEPARTMENT OF I
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA YES NO K 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK Inspection 🔀 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes Hamicide Undetermined manner Suicide TITLE (SPECIFY EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 9-7-84 Rest Cemetery Plata Burial Charles Maryland La BP 256 REGISTRAR'S SIGNAL 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) 20M 4/82

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Burlal /34/1984 Needowridge Hom. Lisk howard County, Haryland Mutter & Sone 2501 & your Fills Pairsay Funeral Note Inc. Caltior, No. 20210

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detoched for use as the burial-transit permit. Then please remove corban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCLENE
CERTIFICATE OF DEATH

5

	REGISTRAR	CERTIFICATE OF		REG. NO.					
	CEASED NAME FIRST	MIDDLE	2a. DATE OF		YEAR 26 HOUR				
	Harold	H. Harp		09 08	84				
3. SE		5. DATE OF BIRTH	6. AGE (IN YI	ARS LAST BIRTHDAY} IF UN	DER TYEAR IF UNDER 24				
1	Male Cau	// 16	21 60	YRS.	13 DATS HOURS				
e. 8	IRTHPLACE (STATE OF FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	_ 9 BALTIMO	RE CITY OR COUNTY OF	DEATH				
1	Maryland USI	MARRIED NEVER	ONORCED TO HOUR	ard Coun	6,				
10. C	TITY OR TOWN OF DEATH 11. NAME	OF HOSPITAL, NURSING HOME OR OTHER IN	STITUTION 120 USUAL C	OCCUPATION 12	NO OF BUSINESS				
1 4	1	OCO, GENERAL HOSO	1 1 1 1.	FOR MOST OF WORKING LIFE) IN	NDUSTRY				
USU	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT	ION GIVE RESIDENCE BEFORE ADMISSION)							
130	Md Howard			DDRESS ZIP CODE	Pl				
34 E	MO Noward	Dayton YES [NO 4999	len Oaks	Rd 210.				
7	FIRST	LASY	PERST	VIDDIE	799 /				
1	Daniel 1055	Harp	osie 1	rene	Thelps				
	WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OB DATE	5)	ANI O	1999 Ten Oa	ks Rd				
	yes NW I	214 16 6021 Ms. Pe	earl Harp	Dayton, Md	2103E				
	IL CAUSE OF DEATH (Enter only one cause	per line fpc (a), Ibiyand (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE ID.	Condropulmon Anal							
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1	Conditions, if any, which gove rise to immediate	langatande cordiac	afrons (7/P 7	175					
1	cause (a), stating the DUETO	OR AS A CONSEQUENCE OF							
	underlying cause last.								
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE	OR CONDITION GIVEN (1)	V PART Na				
N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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E			YES	NO YES	CAUSES OF DEATH?				
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MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19							
9	LAT HOM	CE OF INJURY E STREET FACTORY OFFICE FARM ETC 1 211 LOCAT STRE		CITY OR TOWN	COUNTY STATE				
>	WHILE NOT WHILE AT WORK								
	220 I certify that (1) (this haspital) attended	the deceased from 9899		, 19	that (lixwe)				
	saw the deceased plive on	5 5 11	y) (aur) apinian death occurred						
	saw the deceased plive on obove (U) we straid (did not) view the b	sdy after death	, , (,						
	779 SIGNATURE (P. A.	DEGREE	ATTENDING MEDICAL	- /	22c. DATE SIGNED				
	Dance		ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN					
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			100	ave.					
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230	BURIAL CREMATION DEMOVAL THE DATE	236 NAME OF CEMETERY OF ST. Marks	CREMATORY 23d LOCA	OR OWN CO	ward m				
	ISP. A	11-84 St. Marks	CREMATORY 23d LOCA City City 25o, DATE REC'D. BY R	OR OWN CO	SSIGNATURE				
	Burral 9	121 (1 m.1	CREMATORY 23d LOCAL CITY.	shitend f	SSIGNATURE				



FOR DEPARTMENT OF HEALTH AND MENTAL HYCLENE
STATE CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

25068

- STATE REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) a 3. SEX 4 RACE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOUR5 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) .. DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE 130 STATE ZIP CODE 3d. INSIDE CITY LIMITS? 13e.SIREET ADDRESS Triotts 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ADDRES J.S. ARMED FORCES? 17 INFORMAN 16a. WAS DECEASED EVER IN SOCIAL SECURITY NO I YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY diac IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF prodiocenic Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF andiemy of att underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA ONDITION GIVEN IN PART LIG CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [NOX 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE AT WORK AT WORK 220 I certify that (I) (this hospital) attended the deceased from saw the deceased using on 7 (2) shows, (1) (we) Idid (did not) view the body after dec and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 77h SKSNATUR 22c DA DEGREE ESIGN ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 27e. ADDRESS (TYPE OR PRINT) QUA 23a. BURIAL, CREMATION 236. DATE REMOVAL CEMETERY OR GREMATORY

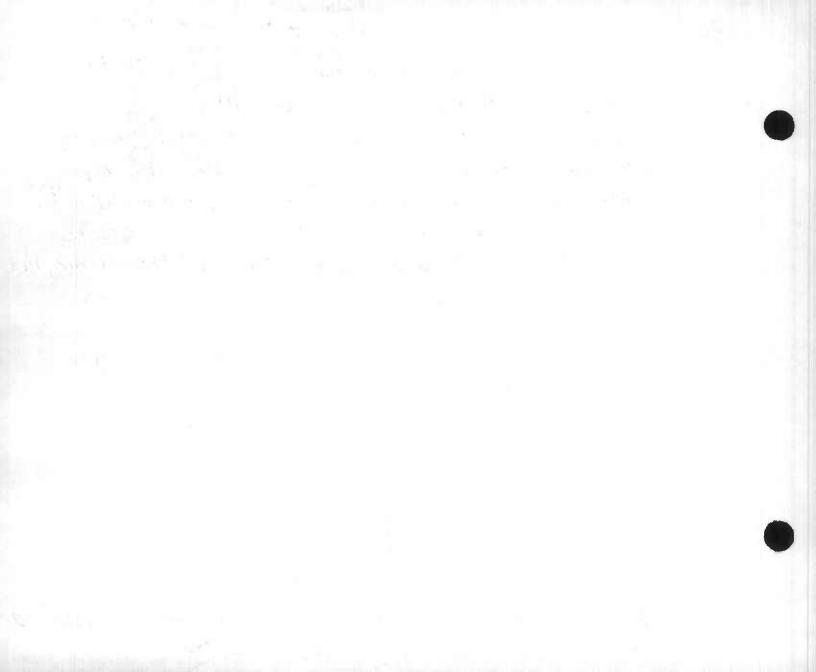
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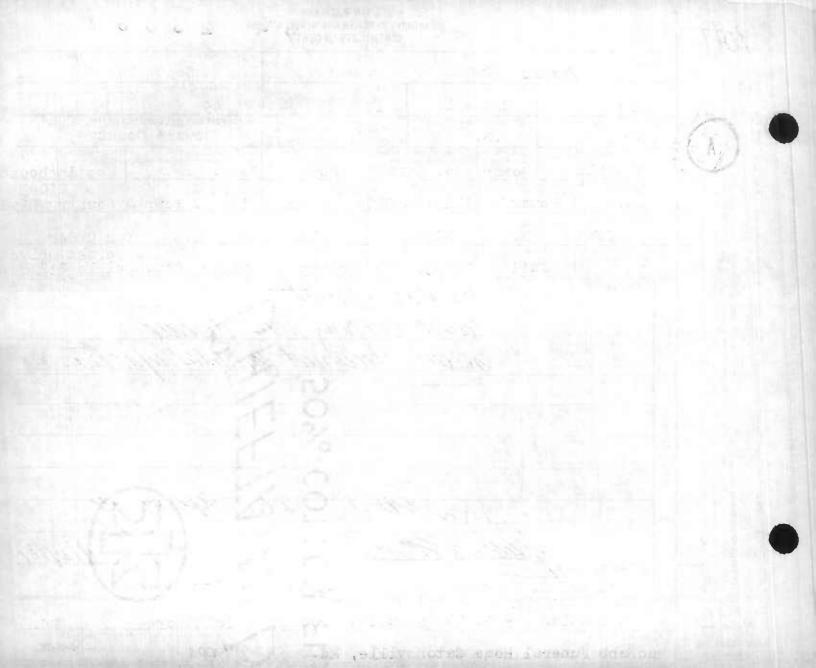
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR MIDDLE DECEASED NAME 26 HOUR 20 DATE KNOWN MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED 9/28/8419 Charles Richard Kane DAY 1 SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 1925 58 Male White Oct. 31 DEAD 9/28/84 19 PM Th CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE ISTATEOR MARRIED THEVER MARRIED OREIGN COUNTRY USA Maryland DIVORCED WIDOWED Howard County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Columbia 0359 Bugie Note Way Engineering Electronics SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Timonium 2111 Eastham Rd., 21093 NO X LA FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Prendargast Charles Joseph Kane Margaret 7 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO YES. NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 219-12-6694 Dorothy Kane, 2111 Eastham Rd., 21093 WW II Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (d) Chronic Obstructive Pulmonary Disease/Chronic Alcoholism 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? R. PAGE 3 SHOULD EE UE STATE DEPARTMENT YES X NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PV AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Autopsy X 22a I certify that I taak charge of the remains described above, held an and in my opinion Inspection Inquiry Notural causes Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 9/29/84 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 10/3/84 Maryland Veterans Cem. Garrison Forest Balto. Md. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE **DHMH - 17** Martin D. Lawson, 10 W. Padonia Rd. 21093 (VR A15 ME (5)) 20M 4/82

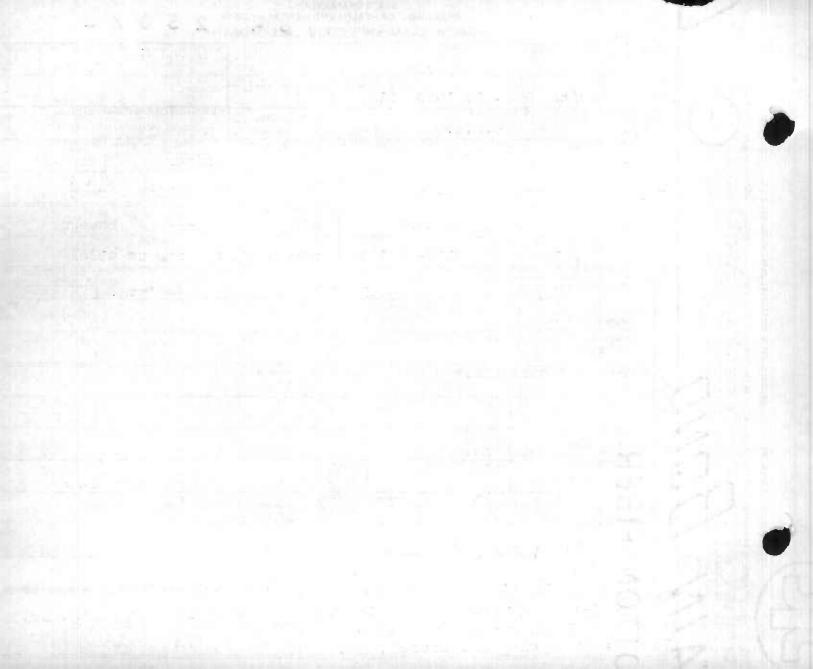
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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14 FATHER'S NAME

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REGISTRAR

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IO. CITY OR TOWN OF DEATH

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2b. HOUR Lee 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR ORIENTAL 35 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Restauranteur Restaurant COUNTY GEN 134 INSIDE CITY LIMITS? 5102 Thunder Hill Rd. 21045 Columbia Howard NO X 15. MOTHER'S MAIDEN NAME MIDDLE LAST SAST Ilnknown Ho ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Same as 13-e 579-72-1982 Mrc APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY neumonits IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CANCEY DUE TO, OR AS A CONSEQUENCE OF 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE, FARM ETC.)

underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 19n DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

WHILE NOT WHILE 270 | certify that (1) (this haspital) attended the deceased fram and that in (my) (our) opinian death occurred on the date and hour and fram the couses stated

22s. SAGNIATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

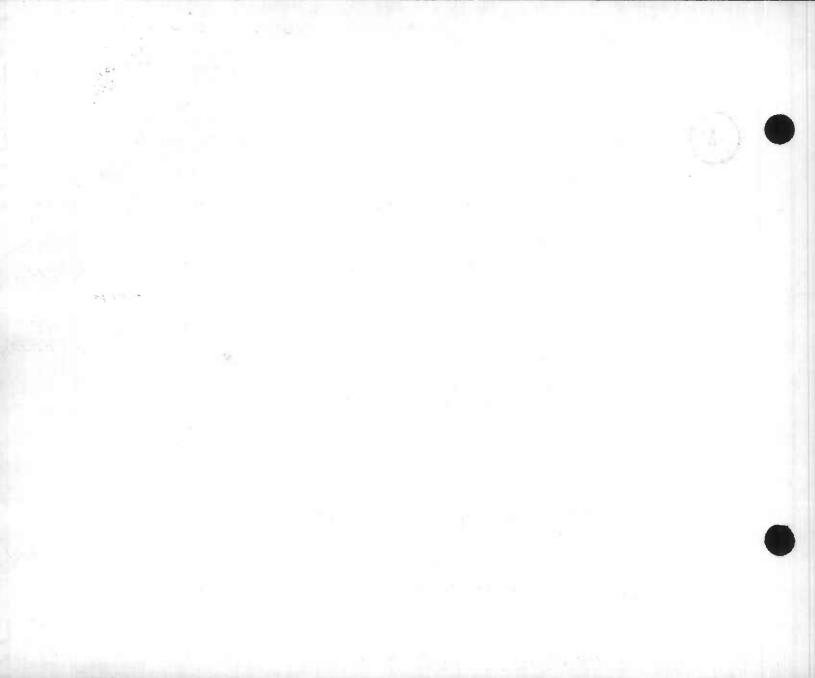
23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL (SPECIFY) 9/29/84 Meadowridge Mem. Park Elkridge Burial Howard

24 FUNERALDR LOPPing Byers Funeral Directors Inc. 8728 Liberty Rd. Randallstown, MD.21133

DHMH - 16 50M 4/83 (VRA 15, 4)



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oge 3 deoff		CEASED NAME FIRST YANG	T KEUM	Lee	Sept, M	1984 10 A
4 mc	3. SE)	Female	4 RACE Oriental	5. DATE OF BIRTH MONTH DAY YEAR Sept. 1 1911	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MI
death. Page		MHPLACE (STATE OR FOREIGN OUNTRY) KOYEA	76 CITIZEN OF WHAT COUNTS Korea		9 BALTIMORE CITY OF COLIN	TY OF DEATH
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Poges 1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SI VE WAR OR DATES) 800069	290 HONE Ki Ki	ADDRESS HICK M ELLICOTT C	174 1110 2104
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TO HOSPITAL OR ATTEND retoined by the hospital of TO FUNERAL DIRECTOR: A should be detached for use with the State Dept, of Heo IMPORTANT: If hem 21 is m		22b. SIGNATURE Chon	OR PRINT)	ATTENDIN PHYSICIA 220 ADDRESS	mbia Md	Sept. 7, 19.

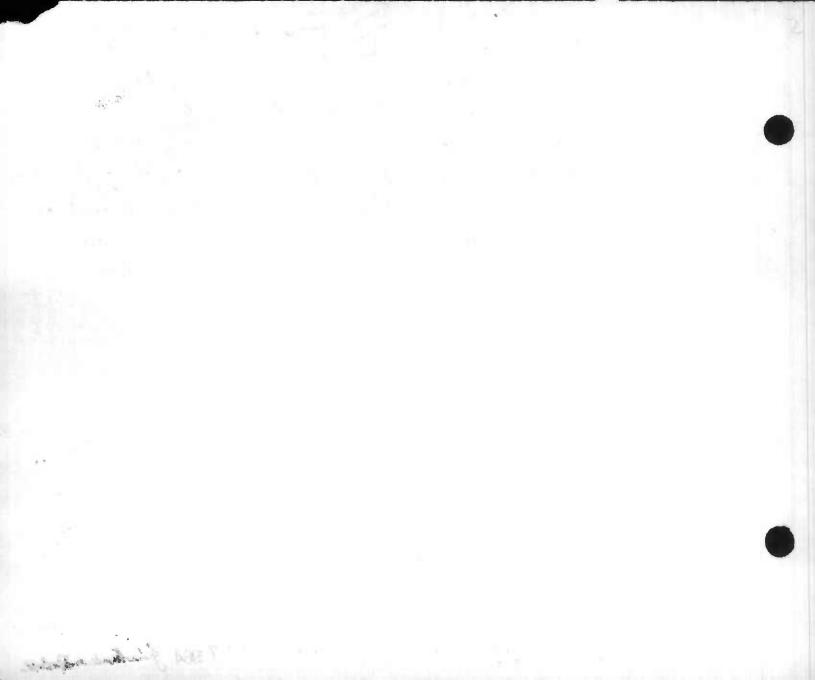


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be execut		VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) {IF YES, GIVE V NO	VAR OR DATEST	SECURITY NO.	Irving Link	ow Columbia,	d _{MBanksoR} gad
intrificate a physicit an poper emoval.		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY. DO ID	release	Fallere		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Z WKJ
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician. When this certificate has been signed by the ottending physician and completely filled in by as the burial-stransin permit. Then please remove corbanpopers. Pages I and 2 should be filled to an Amental Hyaviene prior to burial, cremation, ar removal. The new Amental Hyaviene prior to burial, cremation, ar removal.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	rere	(0.7.1)		5415
equires in signed Then ple r to burio	NOI	PART 2 OTHER SIGNIFICANT CO	enditions <u>contributing</u>	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART To
he law re ion. has been it permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO		YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES
PHYSICIAN: The ending physicion this certificate he buriol-transit at Amental Hygies dor fem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEA	N IS PART I ORPART 2)
DING PHYS	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY O	FFICE FARM ETC)	ZII LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEND or use of Heold Heold		220 I certify the (I) (his hospito saw the deceased olive on	9/13/8	1984 .01		death accurred on the date and	19 fha (1) (we) last I haur and fram the causes stated
y the hosp the hosp RAL DIREC detached to tote Dept		M. H				MEDICAL STAFF CDIRECTOR PHYSICIAN	221. DATE, SIGNED
TO HOSPITAL of retained by the TO FUNERAL Is should be deto with the Store I IMPORTANT: If		M 4 KE	CIEMEN		5999 HARP	ens FMU DI	(OLUMSIA
BP	23o. f	BURIAL, CREMATION, REMOVAL (SPECKY) Burial	9/17/84		idge Mem. Pk.	23d LOCATION CHYOR TOWN Dorsey	COUNTY STATE Md .

DHMH - 16 50M 4/83 (VRA 15, 4)

Leroyand. & Russell C. Witzke Funeral Homes P.A. 5555 Twin Knolls Road, Columbia, Md. 21045

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND									
DEPARTMENT	OF HEALTH	AND MENTA	HYGIENE						

- STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) MULLO helma 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 24 MRS MONTH YEAR W 1905 78 1 Dec. 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Howard Co Wash.D.C. USA DIVORCED WIDOWED IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT AS SITCH FACILITY, GIVE SPACET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY olumbia Howard County Hospital Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Columbia ma 6675 od Columbia Pute, 2104 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Will Friedrick Chapman Anna ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 217 76 7229 Ralph Mulloy (Husband) Same as 18. CAUSE OF DEATH (Enter only one couse per line for 19), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RETHNTION HUNCKALL 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d IN JURY OCCURRED 21e PLACE OF INTURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING LAWRENCE SWINK

9/13/84

23c. NAME OF CEMETERY OR CREMATORY

23a BURIAL, CREMATION, REMOVAL 23b. DATE

Wash.D.C.

COUNTY

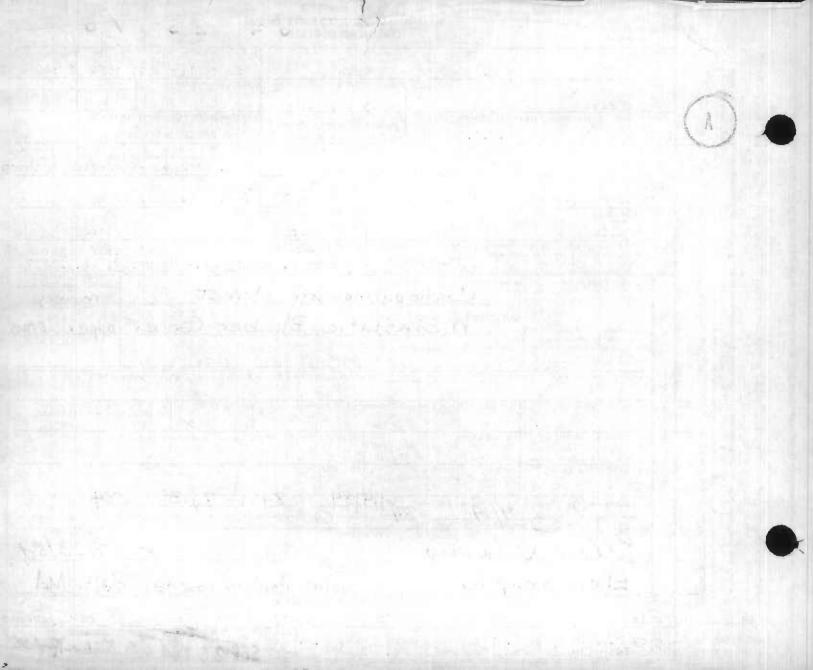
Cremation

Lee's Crematory

DHMH - 16 50M 4/83 (VRA 15, 4)

Hines/Rinaldi 11800 New Hampshire Ave, SSP. Md3





		ems 18-22 FOR STATE	2a 11/1/	1	DEPARTMENT OF	HEALTI	5	NTAL HYGIE	1 19	0 7	9	
	I. DE	REGISTRAR CE ASED NAME PE OR PRINT)	FIRST	ME	MIDDLE MIDDLE	IER'S	CERTIFIC)	MTE OF DE	20. DATE KNO	REG. NO.	H DAY YEAR	26 HOUR
Y, PLEASE IRECTOR. H FILES. STREET,	3 SE	X 4. F	Thomas	5. DATE OF BIRTH	Michael 6. AGE (INY)	EARS IF U	Murphy NDER TYR. IF	F UNDER 24 HRS	DEATH MA	ATED 0		2d HOUR
N 7 S S S S S S S S S S S S S S S S S S			White	06 13		RS, MON	HS DAYS	HOURS MIN	PRONOUNCEI DE AD	9	- U-	7:30A
4 整要	5	RTHPLACE (STATE PREIGN COUNTRY) Maryland		76. CITIZEN OF WI	A.	WIDOV		DIVORCED	Howan	ecity <u>or</u> count	Υ,	MD.
SEELLO SEEL SEEL			tt City	9241 S	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Pring Valle	y Ro		FO	SUAL OCCUPATION AND ACT OF WORKING	(LIFE)	OR INDUS	TRY
RE, MD. 21201 ATH. IF ANY DELAY IS. 12, 2, AND 3 TO THE PM. 3. RETAIN PAGE ND 2 SHOULD BEELL OF THE PAGE SHOULD BEELL OF		AL RESIDENCE (IF III STATE Maryland	136 COUNT Balti	Y	VE RESIDENCE BEFORE ADMISS 134. CITY OR TOWN		13d. INSIDE CITY		REET ADDRESS 27 Fores	st Park	Ave. 212	207
MORE, MD. ROBETH IF AGES 1, 2, AGES 1, 2, AND 2 SI OF VITAL	14. E.	ATHER'S NAME FIRST Joseph		MIDDLE Ronald	Murphy	-	FIRS	S MAIDEN NAM	AE MIDDU		LAST	ello
\$ E8589	160 N	WAS DECEASED ET	VER IN U.S. ARM	AED FORCES? WAR OR DATES)	217/64/63	Y NO.	17. INFORMA		4	9241 ^s Spr	ing Vall	ley Rd.
ST., AC JB. WHIT.		IB CAUSE OF D PART I DEATH	H WAS CAUSED		for (o), (b), ond (c).) determined						APPROXIMA	SET AND DEATH
201 W. PREST. UTED WITHIN 2 IN PENCIL INI EXAMINER AL RAL TRANSIT D MENTAL HYGO ON, OR REMO		gave rise	if any, which to immediate ting the under-	DUE TO, OR	AS A CONSEQUENCE							
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SHOUD ORD "PE CHIEF A CHIEF A TOF HE	CERTIFICATION	19a. DATE OF OP	ERATION	196 CONDI	TION FOR WHICH OPERATION WAS PERFORMED?					20 AUTOPS		
CRTIFICATE SHOU RITING THE WORD." ROED TO THE CHEE SE 3 SHOULD BE USE TO PROPER THE OFF TO SHOW TO FE		210 EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M	MONTH DAY YEA	R		OCCURRED (ENTE	R NATURE OF INJURY	IN ITEM TO PART I OR		,,,,,
1248E	MEDICAL	214 INJURY OCC WHILE AT WORK	OT WHILE T	21e PLACE (STREET, FACT	OF INJURY (AT HOME, PORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY	STATE
TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P, AFFER DEATH, WITH THE ST, BATTIMORE, MARYLAND, 2.		22a I certify the death resulted f		e of the remoins des pl causes \mathbb{Z} ,	cribed obove, held on Accident , Si	Autor	Homicid TITLE (SPE	CIFY)	Inquiryetermined manner	DAT		'84
O MEDIX KECUTE AGE 4 S D FUNEI FTER DE		EXAMINER'S NA (TYPE OR PRINT)			ta A. Korel		ADDRESS	lll Pen		Bal	to.,MD.	
BP	(URIAL, CREMATIO SPECIFY) Buria	1	9/24/8	23c. NAME OF CE New Ca		ral Cem	netery	OCATION LY OR TOWN Baltimor	e	N	STATE
Official (VR A15 ME (5)) 20M 4/82		NAME LACK Fund		ne E	.O.Box 268		250	DATE REC'D.	P F 1084	Sh REGISTRAR'S	SIGNATURE widson Pan	7

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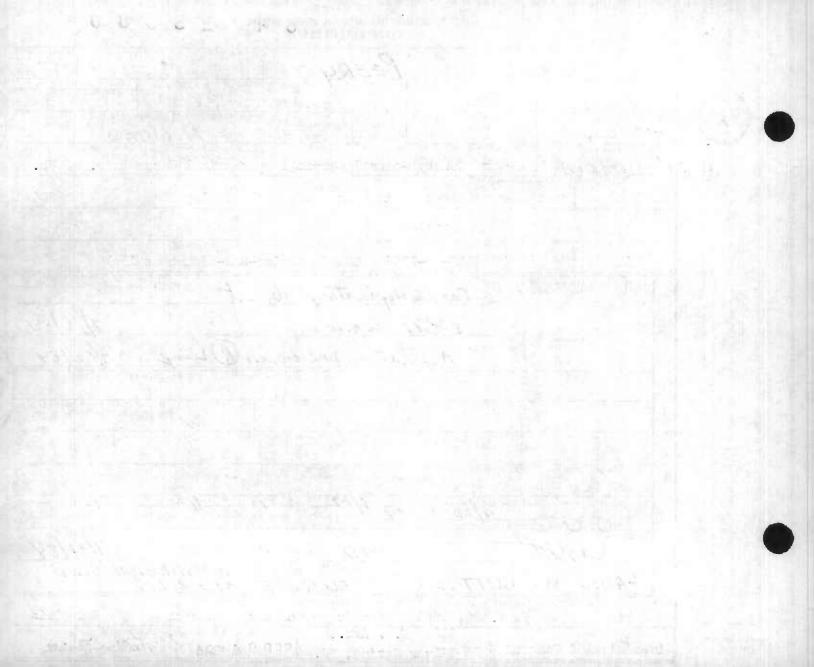
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) ERTRUDE 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) White 895 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC USA WIDOWEDXT DIVORCED | O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Howard County General Hospital Practical Nurse Univ. of Va. 134 COUNTY 13. STREET ADDRESS 710 Tanley Road 13d INSIDE CITY LIMITS? Silver Spring Montgomery Maryland 20904 YES 15. MOTHER'S MAIDEN NAME Davis John Holliday Sue 16b SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 215-20-2806 Claude Barden-son- (same as 13e) APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (a), stating ion premoria underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from 84, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above (likwe) (did (did nat) view the body after death. 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Bur ial Eheart Virginia Sept. 24, 1984 Union Grove Cemetery

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR 11800 N.H. Ave., Hines/Rinaldi Funeral Home Silver Spring, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25081

REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO.			
I. DECEASED NAME FIRST	MIDDL	€ L	AST			NTH DAY	YEAR	2h HOUR
(TYPE OR PRINT) MARG	ARET C	AROLINE PE	EIFFER		C	7-1	-84	529 P
3. SEX	4. RACE	5 DATE C		200	6. AGE (IN YEARS LAST BIRTHD)		NDER 1 YEAR	IF UNDER 24 HRS
FEMALE	WHITE	10	26	05	78	YRS.	HS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8.	D 🖾 NEVER MA	DOIED [9 BALTIMORE CITY OR	OUNTY OF	DEATH	
Maryland	U.S.A			RCED [Howard C	ounty		MD.
10. CITY OR TOWN OF DEATH		PITAL, NURSING HOME C	OR OTHER INSTIT	UTION	120 USUAL OCCUPATION		2b. KIND OF	F BUSINESS OR
Columbia		ounty Genera	1 Hospit	tal	Homemaker		_	
USUAL RESIDENCE (IF NURSING HOME OF 13a STATE 13b. COL		RESIDENCE BEFORE ADMISSION) CITY OR TOWN	134 INSIDE CITY	LIMITS?	13e. STREET ADDRESS			
Maryland How		licott City		XX	9125 Windin	g Way	2104	.3
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S M		WE		LAST	
George		Fornoff	San	rah	Virgin	ia		yson
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	1871	ADDRESS	0.00		
NO		213-28-6478	Horace	S. Pf	eiffer 9125 V	Windin	g Way	21043
18 CAUSE OF DEATH (Enter	only one couse per line	far (a), (b), and (c)	A				APPROXIA BETWEEN C	MATE INTERVAL DISET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Carlingu	lm.	an	400			
	DUE TO OR AS	A CONSEQUENCE OF			0.1	+		
Conditions, if ony, which	((b) C	andis you	un d	we	i, Khu	white	MUL	
gove rise to immediate couse (a), stating the	DUE TO OR AS	A CONSEQUENCE OF			IlemA De	seris.		-2-11-1
underlying cause lost.	(c)	711001102002110201			Band 12			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CONDIT	ION GIVEN I	N PART 110) 1
2 Ren	Il Dusu	Muca						
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION	WHICH OPENTIO	N WAS PERFORM	MED	20a AUTOPSY? 20	OL IF YES, WE N CERTIFYING	RE FINDIN	IGS USED
RITE	10 TO 10				YES NO	YES [NO 🗆
OR CONTRIBUTION CALLES OF D	216. TIME OF IN	JURY MONTH DAY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJURY IN	TEM 18 PART 1	OR PART 2)	
SECONTRIBUTING CAUSE OF D	LAIN	19						
LIFEITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF IT	NJURY FACTORY, OFFICE, FARM, ETC.)	211. LOCATION		CITY OR TOWN		COUNTY	STATE
WHILE NOT WHILE AT WORK			1 .		ald	PN		
22a.t certify that Withis has	pital) attended the de		THE	19 17	, ta	19_	, t	that (liewe) last
saw the deceased alive abave, (1) (we) (did) (did)	not) view the body after	r death 19, ar	nd that in (my) or	ur) apinion	death accurred at the date	and haur and	fram the c	causes stated
22b. SIGNATURE	Cai		DEGREE				22c. DATE S	SIGNED
Sen	Sla	72		YSICIAN	MEDICAL STAFF	V 🗆		
224. PHYSICIAN'S NAME (TYPE	OR PRINT)	-110	22e. ADDRESS	0-2		1	1	Λ .
	1	D ATU	110	91	- put	N	3	What
23a BURIAL, CREMATION, REMOVA			EMETERY OR CRE		23d. LOGATION	3	UNITY	STATE
Burial	9/5/84	Trinity	Chape1	Cemet	ery Ellicot	t City	Howa	rd Md.
24 FUNERAL DIRECTOR			1229		E REC'D. BY REGISTRAR 256.	. REGISTRAR	SSIGNATU	URE
Hubbard Funeral	Home, Inc.	4107 Wilken	s Ave.	SEP	5 1984 [· Navida	on-Ran	dell

DHMH-16 30M 2/80 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH L DECEASED NAME 26 HOUR LIYPE OR PRINTS 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3 SEX BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED [176 KIND OF BUSINESS OR INDUSTRY 21046 13a STATE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES UNKNOWN LIF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFICATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) this haspital) attended the deceased from saw the deceased alive on (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [22e ADDRESS MPORT/ 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN ISPECIFY) STATE Guilford Mem. Cemetery Columbia, Howard Md. Burial 24 FUNERAL DIRECTOR 246 Nashington St. Rockville, Md. 20850 DHMH - 16 50M 4/83 George R. Snowden (VRA 15, 4)

STATE OF MARYLAND



BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

haurs ofter death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2508

	1 -	STATE REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.	0 0		
3		CEASED NAME	FIRST	M	MODLE	L	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	TITPE	ALBIN			HAYDE	EN	RECTOR		September 21,	1984	5:45 a	
	3. SEX		4	RACE		5. DATE O	DAY YEAR		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS HOURS MIN,	
	7a_D#	Male	REIGN 7h	White	WHAT COUNTRY?	8			9. BALTIMORE CITY OR COUN		1	
7		Maryland		U.S.A		MARRIEL	DI DIVORCED		Howard Count		МГ	
	7	TY OR TOWN OF DEAT		I. NAME OF H	OSPITAL, NURS IN	NG HOME O	ROTHER INSTITUTION	N	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126. KIND C		
		LICOTT CITY			Carrigan		е		Retired	Insu	rance	
3	Ma	aryland	Howa		Ellicot				13e.STREET ADDRESS / ZIP CO 10045 Carrigar		21043	
31	y FA	THER'S NAME		DDLE	LAST		15 MOTHER'S MAIDE	ENNAM	AE MIDDLE	LAS		
U	14= 14	John VAS DECEASED EVER IN		lby	Recto		Bessie		ADDRESS	Renner		
1				VAR OR DATES	212-10-		Augusta I	Rect		13	T.	
		18 CAUSE OF DEATH	(Enter only	one couse per	line for (o), (b), or	nd 19:/	* 1/	1 1	42	APPROX BETWEEN	ONSET AND DEATH	
		PART I. DE ATH WA	MMEDIATE	BY:	enal c	ellar	ceomar k	eln	2y. Deneralized			
					AS A CONSEQU	IANCE OF	01	4	10.000			
ı		Conditions, if ony,		(b)_	aser.	1) w/.	is chem	La	- Natite smellet	رعا		
		gove rise to imme couse [0], stoting		DUE TO OF	R AS A CONSEQU	JENCE OF						
		underlying couse	lost.	(c)				-				
H	NO	PART 2 OTHER SIGNI	FICANT CO	NDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMI	NAL DISEASE OR CONDITION C	SIVEN IN PART 1	lo [,]	
2	CERTIFICATION	196 DATE OF OPERATION 196 COND			TION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
5	CER	216. ACCIDENT WAS UNDE		216. TIME O					ED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)		
1	AL	OR CONTRIBUTING CA		HOUR A.	M. MONTH D	DAT TEAK	A COMMON					
	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE C			211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
		AT WORK AT WORK				0						
		22s. certify that (I) (s sow the deceased above, (I) (we) (di		4/	1	017	nd that in (my) (our) or	pinion d	, to leath accurred on the date and h		that (I) (we) fast causes stated	
		12h SIGNATURE	- Marca 1101)	new me body	, 111		DEGREE			22c. DATE	SIGNED	
H		16.	-000	61	Stow	1111	ATTENDI PHYSICI	ING I	MEDICAL STAFF DIRECTOR PHYSICIAN	7/2	1/84	
1		THE PHYSICIANS NO	ME store clea	meas / 1/ !		178	22e ADDRESS			212	28	
		John S	Shaw	M.D.			5800	Edn	mondson Avenue,	Baltimor	e, Md.	
	23a B	SURIAL, CREMATION, R	EMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMAT	TORY	23d LOCATION CITY OF TOWN	COUNTY	STATE	
		Burial	1 301	Sept.	24,1984	Loudon	Park Ceme				Md.	
	Le Le	TOYAMEN & RI	ssell	C. Wi	tzke Kun	eral H	omes P.A.	"SE	P 2 6 1984	Daydon-	Randall.	
	140	00 51 1		0	1 1	34.7	04000				-	

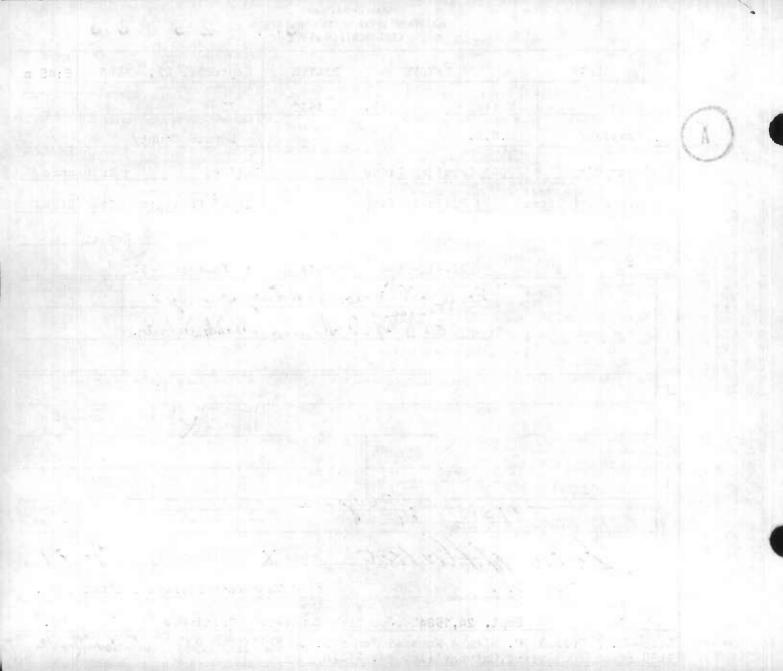
1630 Edmondson Avenue, Catonsville, Md. 21228

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

O HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbonpoper with the State Dept. of Health and Mental Hygrene prior to burial, cremotion, ar remaval. WAPORTANT: If them 21 is marked at Hem. 8 Mays any injury, at other troumatic event, the



the attending physician and completely filled in by the remove carbon papers. Pages 1 and 2 should be filed

I I Hem 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examiner.

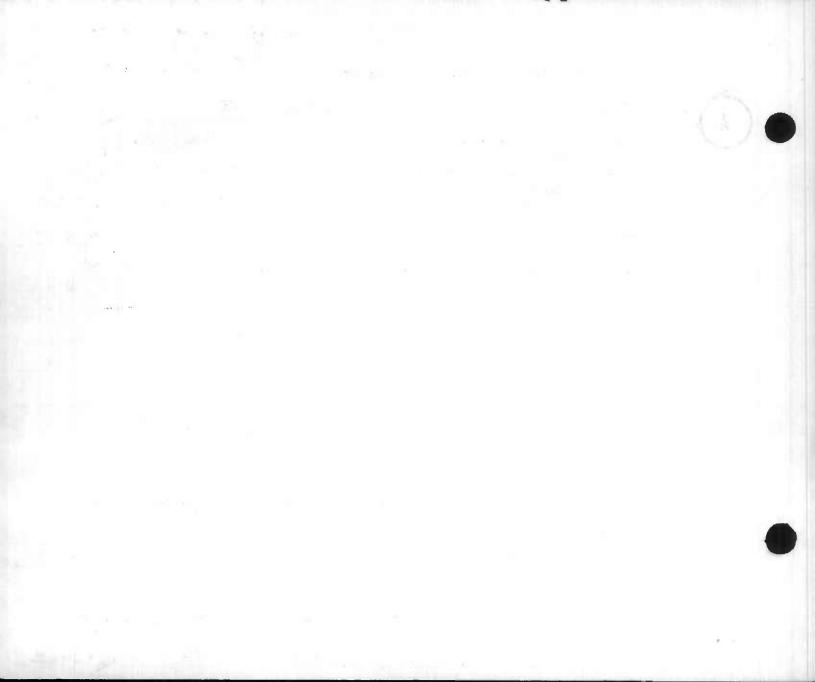
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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	5	0	8	4
Sec.	•	4		1

		REGISTRAR				CERTIF	ICATE OF DE	ATH	R	EG. NO.		
		CEASED NAME OR PRINT)	FRANC		M •	REC	AN		20. DATE OF DEA		06 84	26. HOUR P 5: 00 M
	3. SEX	emale		White	e	S. DATE C		919	6 AGE (IN YEARS)	(AST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
17	Maine U.S.				THEOTHER .			ORCED [9. BALTIMORE CITY OR COUNTY OF DEATH HOWard Co. M			
5	Laurel USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE				B Burbo	ILITY, GIVE STREET ADDRESS) (TY			12a USUAL OCC (TYPE OF WORK FOR HOME K	MOST OF WORKING		
40	Ma S	ryland	13b COU		Laure.	N		10 🔀		RESS / ZIP CO Burbo	n St.	20707
0		Jose	-	WIDDLE	Neddo			lliar	n ME	DDLE	Hod	ge
1	(Y	VAS DECEASED E VES NO OR UNKNOWN NO .		E WAR OR OATES	577-24		A Edwa		Regan	same		MMATE INTERVAL ONSET AND DEATH
7	CERTIFICATION	Conditions, if gove rise to cause (a), s underlying c	any, which immediate stating the ause last.	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DIVITIBUTING TO E	ENCE OF	NOT RELATED TO		Accip	2 20b. IF V	SIVEN IN PART I	NGS USED
9	MEDICAL CERTIF	21d INJURY OC	CAUSE OF DE. MEDICAL EXAMINEI CURRED DI WHILE LI WORK 12 (1) (this hosp ceased alive an ve) (did) and and	HOUR A. P. 21e PLACE (AT HOME STR ital) attended the proper the body	M. MONTH DAM. DE INJURY EET, FACTORY, OFFICE, F	19 ARM ETC)	211 LOCATION STREET and that in my location my locati	19.83	ED (ENTERNATURE	Y OR TOWN The date and h	YES	STATE tho (I) (we) last couses stated
	23a B	URIAL, CREMATI SPECIFY) Crei	ON REMOVAL	- COMP	PTON M	NAME OF C	MZOIL EMETERY OR CR Vash. C	PURE EMATORY Cremat	PK DR	N	P.GNIY C	20707
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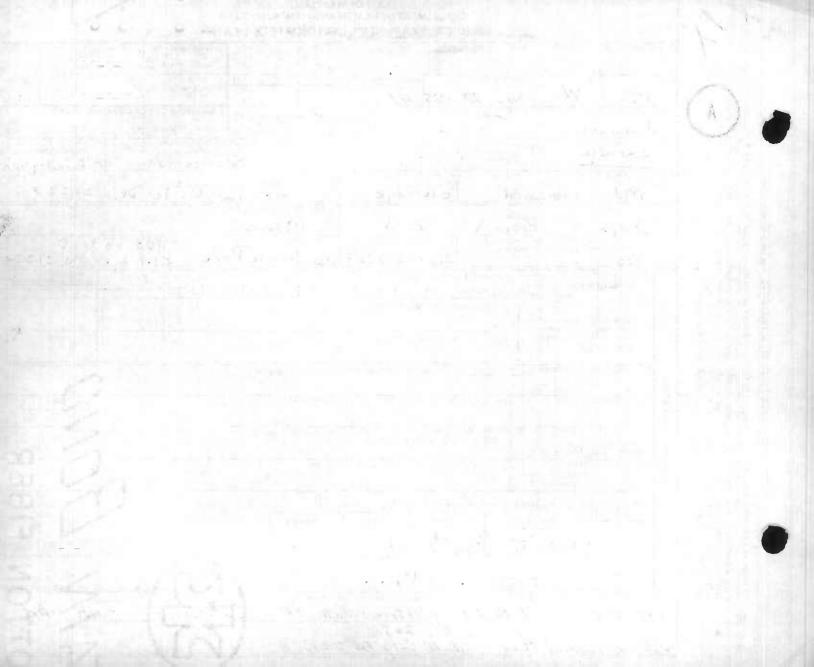
DHMH - 16 50M 4/83 (VRA 15, 4)



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20	1 -	STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	J 0 3
-		CEASED NAME FIRST	ZISKQ. F	RICKERT	20 DATE OF DEATH MONTH	16 84 3.15
(A)	I. SE	Female	4. RACE aucasian	5. DATE OF BIRTH MONTH DAY 10 95	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. (RS.
d al all al	1	RTHPLACE (STATE OR FOREIGN OUNTRY) ERMANY ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? UNITED STATES 11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED GHOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COL	UNITY OF DEATH 2 . MI 12b. KIND OF BUSINESS OR
81	1	Columbia	(IF NOT IN SUCH FACILITY, GIVE STREET IN THE	J County Exner	HOWEMPHIES	INDUSTRY
35	13a S	RYLAND ANNE	HRINDEL GUEN BURI	N 13d. INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS / ZIP	. (1 21/1
12	1	WSUF CANG VAS DECEASED EVER IN U.S. AF	MIDDLE LAST HEITZET RMED FORCES? 166. SOCIAL SECU	FIRST	(UNKNOWN)	LAST
to and			VE WAR OR DATES)	JOHN RICK	ERT BRNOG	
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inlery, a	NOI	PART 2 OTHER SIGNIFICANT	4	Cur wang trac		N GIVEN IN PART I I a
2 marine	RIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
9	ICAL CERT	(IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
orked or	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
n 21 h m		saw the deceased alive ar above, (1) (we) (did) (did no	ortal) attended the deceased from		death accurred an the date an	, 19
ATL R Be			ishua P. Kerens		MEDICAL STAFF DIRECTOR PHYSICIAN [224 DATE SIGNED 9 · 16 · 8 4
PORTA		228. PHYSICIAN'S NAME (TYPE)	ORPHNA P. KUL	1AR 10808 M	caony Riago	Ra Columbia
-1.57		BURIAL CREMATION, REMOVAL	0	NAME OF CEMETERY OR CREMATORY	23d LOCATION	BALTIMORE MD
- 16 50M 4/83	24. F	MERAL DIRECTOR	The lotte ADDRESS	25a. DA	TE REC'D, BY REGISTRAR 256. RI	EGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN [7b. HOUR MONTH (TYPE OR PRINT) ESTI-DEATH MATED 9-9-84 19 ROCK 6. AGE (IN YEARS | IF UNDER TYR. SEX 4. RACE 20HOUR IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 29 DEAD 9-9-84 19 12:45 1435 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Howard County **IARYLAND** WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Elkridge FOR MOST OF WORKING LIFE) 168 Vaile Drive A.D. Telesmon Derviceman 136. COUNTY 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Howard M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Rock Marie Bernard Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO. 7. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WASOR DATES) 219.32.6263 Ms. Jeanne Kock CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease MENTAL HYG N. OR REMOV DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? PARTYAL) DEPARTMENT OF 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 X 270 I certify that I took charge of the remains describ (CAReThe Apr) Autopsy and in my apinian Inspection Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) 9-9-84 Assistant MEDICAL EXAMINER 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 9-10-84 Westview Mem. atrasville CREMation BP. 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATHOR 25a. DATE REC'D. DHMH⁶: 17 Ellicett C.ty Med 21043 (VR A15 ME (5)) 20M 4/82



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	STATE REGISTRAR MAR	RGARET F	HGENT	A SHEDEK	CEDTIE	ICATE OF DEAT	H		. NO.	0 0	
	CEASED NAME	FIRST		IDDLE		LAST		20 DATE OF DEATH		DAY YEAR	2b. HOUR
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3. SE	X	J 4 R	ACE		5. DATE (OF BIRTH	(E A D	6. AGE (IN YEARS LAS	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 H
1	Female		Whit	e	50	ລຳ	13	71	YRS	DAT 5	
	IRTHPLACE (STATE OR I	FOREIGN 76 C	76 CITIZEN OF WHAT COUNTRY?		? 8. MARRIE	8. MARRIED NEVER MARRIED		9 BALTIMORE CIT	OR COUNT	Y OF DEATH	
Wa	shington, D		U.S.A.		WIDOW	D DIVORC	ED 🗌		Count	AF	
10 C	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSIN			OR OTHER INSTITUT	126 USUAL OCCUPATION 126, KIND O (1496 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			OF BUSINESS	
20	umbia	H	oward	Count	y Ge	neral Ho.	Sp. 1	Clerk	Sub	urban	Trust
13a. S	AL RESIDENCE (IF NURS	136 COUNTY		13c CITY OR TO		13d. INSIDE CITY LI	MITS?	13e STREET ADDRES			
	Maryland	Howar	ď	Columbi	a	YES NO	l-und	6105 Je	rys Dr	ive	21044
A. FA	William	MIDDI		LAST		15 MOTHER'S MAI		AE MIDDL		1.A	
			F.	Scher		Charlo	tte	45	M.	Fı	ıller
	WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE WAI		166 SOCIAL SEC	URITY NO.	17. INFORMANT			DRESS		
	No			579-01-	6514A	Clarenc	e Sh	edeck Sa	ame as		
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:									BETWEEN	ONSET AND DEA
		IMMEDIATE CA		CHEDI	OFEST	PATITY	<i>F</i> #	4631.			
			DUE TO, OR	AS A CONSEO		0-11-15		r		}	
	Conditions, if any,		(b)	518-0	KE.	RESPIRATO	ey 11	WINFFICE	rey.	-	
	couse (a), statin	DUE TO, OR	AS A CONSEQUENCE OF DIMETES!			CI BL	EB)				
	underlying cause last (c)										
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a										
CERTIFICATION	190 DATE OF OPERA	TION	19h CONDI	ION FOR WHIC	H OPERATIO	IN WAS PERFORMED	0	200 AUTOPSY?	20h IF YE	S, WERE FINDI	NGS LISED
FIC	The DATE OF GREAT		The Condition of Ok Which of C			The state of the s		IN CERTIFYING CAUSES OF DEATH?			
ER	21g. ACCIDENT WAS UNE	DERLYING	21b. TIME OF	FINJURY		21c HOW INJURY	OCCURR	YES NO	-	PART LOR PART 2)	NO [
	OR CONTRIBUTING	CAUSE OF DEATH			DAY YEAR			, , , , , , , , , , , , , , , , , , , ,			
MEDICAL	21d INJURY OCCUR		P.A 21e PLACE C		19	211, LOCATION					
ME	WHILE IT NOT WE	TILE (EET FACTORY OFFICE	FARM ETC)	STREET		CITYO	RIOWN	COUNTY	STATE
	AT WORK - AT WO		nttended the	decensed from		7.2 -10	80	to	9.1/1	10 /4	that (I) (we)
	sow the december of olive on 9, 2419 PV and that in (m) (our) appropriate death accurred on the date and bour and from the causes stated										
	above, (I) (i) e) (did) (did not) view the body after death 22h SIGNATURE DEGREE 220, DATE SIGNED										
	ATTENDING MEDICAL STAFF										
	PHYSICIAN DIRECTOR PHYSICIAN 2224 PHYSICIAN 2224 PHYSICIAN 2224 ADDRESS										
	IM THE 14. CHAMPHEN 10798 HICKORY RIDGE READ										
	BURIAL, CREMATION,		Ib. DATE	230	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	OLLY	15/17	MILLO
	Cremation		9/28/8			Hill Cemet		Suitla	nd	COUNTY	Md.
	UNERAL DIRECTOR F							E REC'D. BY REGISTR		TRAR'S SIGNA	
55	555 Twin Kr	nolls Ro	ad, C	olumbia.	Md.	Tomes P.A.	Epr	6 108/	wha Davi	. 70	482
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	REGISTRAR DECEASED NAM	ΛE	FIRST		WEDICAL EX	AMINER 3	CERTIFICATE	20. DATE	ESTI-	MONTH DAY 9-17	YEAR 76.
3.5	SEX .	I4 RAC	Michae	5. DATE OF B	Ray In Id.	AGE (IN YEARS IF I	Shumake	ER 24 HRS. 2c. DATE	MATED XX	MONTH DAY	YEAR 2d
	Male		ite	Mav	03 1951		NTHS DAYS HOURS	MIN PRONOUN DEAD	NCED	918	1984
	BIRTHPLACE (S	STATE OR	Tre		OF WHAT COUNTRY	(2)	RRIED NEVER MAI	PRIED TX 9 BALTIM	ORE CITY OR	COUNTY OF	
4	Texas			τ	S.A.		OWED DIVO		ard Co	unty,	
10	CITY OR TOWN	OF DEA	ATH	11 NAME OF	HOSPITAL, NURSI	NG HOME, OR O	THER INSTITUTION	12a USUAL OCCU! FOR MOST OF WOR	PATION (TYPE O	OF WORK 12h KI	IND OF BUSINE OR INDUSTRY
1	Columbi			708	0 Cradle	Rock Way	7	Laborer		Tr	ucking
30.	UAL RESIDENCE STATE Maryland	-	136 COUNT	Υ	ON, GIVE RESIDENCE BEFORE 13c. CITY OF Colu	RTOWN	T34. INSIDE CITY LIMITS	13e STREET ADDRE	ss llerock	Way 2]	L045
N.	FATHER'S NAM	E		MIDDLE	LAS		15. MOTHER'S MA	IDEN NAME	VIDOLE		LAST
	Dennis		Ra		Shum	ake	Lottie	Jo	100	Holcor	
160	(YES, NO, OR UNKNI		IN U.S. ARM			L SECURITY NO.	17 INFORMANT				rock Wa
L	no					74/2801	Lottie	Jo Holcomb	Colum	bia, M	
	IR CAUSE O	OF DEAT	TH (Enter and	y one cause pe	cr line for (a), (b), or	nd (c).)	Failure			BET	APPROXIMATE INTE
ON, OR REA	gave r	ise ta) stating	any, which immediate g the <u>under</u> -	(b)_ DUE TO	D, OR AS A CONSE	OUENCE OF		angle .			
NO	gave r cause (a lying co	ise ta o) stating use last.	immediate g the <u>under</u>	DUE TO), OR AS A CONSE	OUENCE OF	ASE OR CONDITION GIVEN IN	PART 1 (d			
CATION	gave r cause (a lying co	ise ta b) stating use last.	immediate the <u>under-</u> IT CONDITIONS C	ONTRIBUTING TO	D, OR AS A CONSE	OUENCE OF	ASE OR CONDITION GIVEN IN	PART 1 (a)		20	AUTOPSY?
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STATE OF MARYLAND

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FOR - STATE REGISTRAR

CERTIFICATION

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE CEI

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TURN	BULL			09_	22 8	4	5	P.M
ATE OF B	IRTH		& AGE (IN YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
MONTH O 9	1 9	YEAR 95	89	Yps	WON1H2	DAYS	HOURS	WIN.

1 DECEASED NAME (TYPE OF PRINT)	FIRST	WIDDLE	LAST			20. DATE OF DEATH MONTH	DAY	YEAR	2b HOL	30
	MARY	AGNES	TURNE	BULL		09	22	84	5	Pin
3. SEX		4 RACE	5. DATE OF BIR	RTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNI	DER TYEAR	IF UNDER	R 24 HRS
			MONTH	DAY	YEAR		MONTH	S DAYS	HOURS	MIN.
FEMALE		WHITE	09	19	95	89 YRS				
Ja. BIRTHPLACE STATE	E OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED [NEVER M	ARRIED	9. BALTIMORE CITY OR COUN	TY OF D	EATH		
NORTH IREI	LAND	U.S.A.	WIDOWED	DIV	ORCED [HOWARD COUNTY				M[
10 CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		HER INST	TUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		b. KIND C IDUSTRY	F BUSIN	ESS OR
COLUMBIA	A	6826 ALVIEW DR	IVE, 210)46		HOMEMAKER		_	-	
USUAL RESIDENCE IF	NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEFORE		INTO EDE CU		III STREET ADDRESS / 71D CO	05			

6808 CARLINDA AVENUE, 21046 MARYLAND HOWARD COLUMBIA 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE WILSON ELIZABETH MAWHINNEY SAMUEL

ADDRESS 166 SOCIAL SECURITY NO COLUMBIA, MD. ANDREW TURNBULL, JR. 6808 CARLINDA AVENUE 212-03-8376

		1	BETWEEN ONSET AND DE
IMMEDIATE CAUSE (o	CICIONACIO OCITEST		rece
Canditions, if any, which	O, OR AS A CONSEQUENCE OF	2nd Cordnary Artey	17 March 17/2
gave rise to immediate cause (a), stating the underlying cause last.	O, OR AS A CONSEQUENCE OF ATLACES	-leaus	SURS
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Cardiac arry 1	Canditions, if any, which gave rise to immediate cause (a), b) Carolina at Coronary Arrey Due to, or as a consequence of Carolina at Coronary Arrey Due to, or as a consequence of Coronary Arrey Due to, or as a consequence of Coronary Arrey Due to, or as a consequence of Coronary Arrey Due to, or as a consequence of Coronary Arrey Due to, or as a consequence of Coronary Arrey

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (INTERNATION OFFICE FARM ELC.) STREET CITY OR TOWN COUNTY	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (HE ETHER INDIE Y MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (LATHOME STREET FACTORY, OFFICE, FARM, ELC.) STREET COUNTY COUNTY				YES NO	YES NO
I AT MOME STREET FACTORY, OFFICE FARM ETC) STREET (ITY OR TOWN COUNTY	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM IB PART 1 OR PART 2)
AT WORK	WHILE NOT WHILE			CITYO	RTOWN COUNTY STAT

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

224 PHYSICIAN'S NAME (TYPE OF PRINT)

2000 CENTURY PLAZA: COLUMBIA, MD.

(SPECIFY) BURIAL	MEADOWRIDGE MEM.	PK.			
24 FUNERAL DIRECTOR	21220	25c CIATE	REG'D. BY REGAS LEAR 25	L REGISTRAR'S	IGN AND A SE

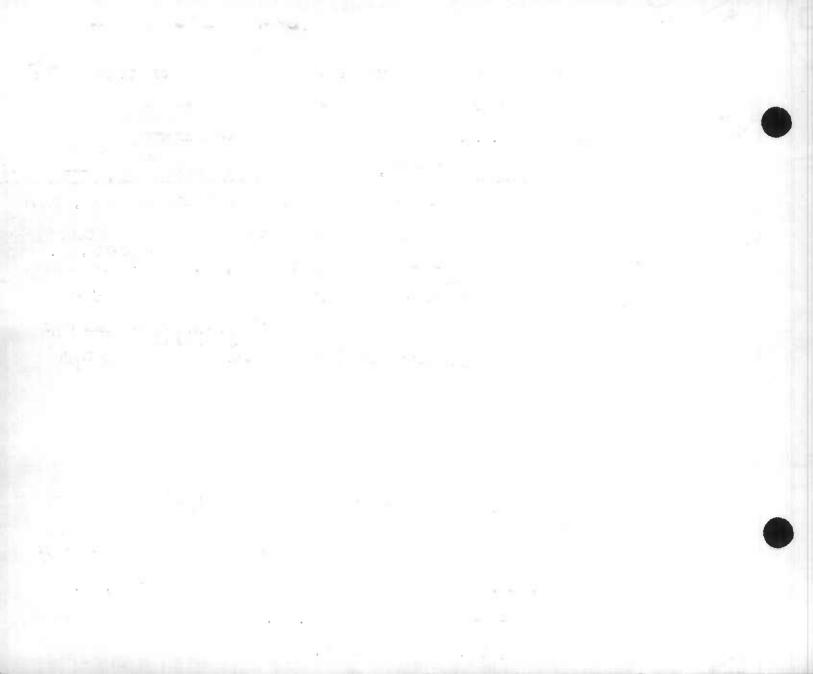
23c NAME OF CEMETERY OR CREMATORY

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)

MELVIN KORDON, M.D.

DHMH - 16 50M 4/83

MPORTANT: If hem 21 is



director, page 3 hours after death

and completely filled

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar remaval.

death. Page 4 may be

the death certificate be executed within 24 hau

requires that

OR ATTENDING PHYSICIAN The low offending physician.

etained by the hospital or

BP.

TO HOSPITAL

STATE OF MARYLAND

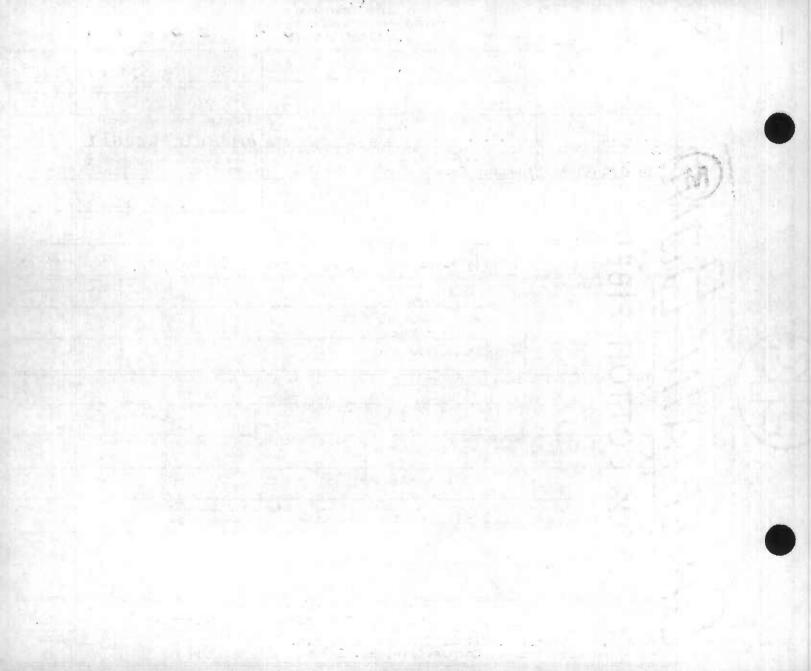
DED ADTMENT OF MEALTH AND MENTAL MYCHENE

1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HE	ALTH AND MENTAL HYG CATE OF DEATH	IENE 2 5	0 9	3
3. SEX	CEASED NAME FIRST CORPRINT) EDWARD	STANLEY VAN 1 RACE WHITE 1b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSIN	MARRIED WIDOWED	BEEK BIRTH DAY YEAR LO 27 NEVER MARRIED DIVORCED DIVORCED	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR 5. 7 9. BALTIMORE CITY C HOWARD 120. USUAL OCCUPAT	MONTH DAY 9 / 9 S THDAY) IF UNDER MONTHS YRS. R COUNTY OF DEA	ATH (IND OF BUSINESS O
13a S	TARYLAND BAL	(IF NOT IN SUCH FACILITY, GIVE STREET HOWARD COUNTY ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW TO MORE RELA	GENE E ADMISSION)	YES NO		PRT DEPT U	v, M. B. C.
169. V		MIDDLE VAN DER LAST VAN DER LAST VAN DER LAST VAN LAST VA	BEEK JRITY NO.	15. MOTHER'S MAIDEN NAI HELEA 17. INFORMANT L. LOUISE VAN DE	ADDR	12 SOUTH	ROLLING ROLLIN
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO IT	ENCE OF ENCE OF DEATH BUT N Pheu	monia		20b. IF YES, WERE	
MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 11F ETHER NOTHY MEDICAL EXAMINE NOT WHILE NOT WHILE	ATH HOUR A.M. MONTH DA	19	216 HOW INJURY OCCUR!	YES NO PRED LENTER NATURE OF INJU		
	sow the decessed olive or obove, (I) (we) (did) (did no 27b. SIGNATURE	of) view the body after death.		I that in (my) (our) opinion EGREE ATTENDING PHYSICIAN [22e ADDRESS 5 999	MEDICAL STA DIRECTOR PHYSIC	FF 22c	the couses stated DATE SIGNED 9-19-84
C	BURIAL, CREMATION, REMOVAL SPECIFY REMATION UNERAL DIRECTOR NAME	9-20-84 W		W MEM. PAR	234 LOCATION CHYORTOWN CATONSV E REC'D. BY REGISTRAR P 2 5 1094	25b. REGISTRAR'S S	THURE M.

1043

DHMH - 16 50M 4/83 (VRA 15, 4)





STATE OF MARYLAND

PRAICIS J. COLLIES FRANCIS J. COLLIES SUCHMINICATOR IN STRING YOUR SORT